

**Cal Poly Humboldt, Student Health Center
Travel Consultation & Medical History Form**

Patient must complete and turn in this form prior to making a travel consultation appointment at the Student Health Center

Page 1 - - Must be filled out completely by the patient

Last Name **First Name** **Middle Name** **Date of Birth** **Age**

What is your Humboldt enrollment status during the proposed period of travel: Current Humboldt student; Continuing Humboldt student (e.g. off for winter/summer break but enrolled for coming semester); Will not be enrolled at Humboldt due to graduating, transferring to another campus or other reason.

Proposed Departure Date: _____ **Proposed Return Date:** _____

Nature of trip (e.g. study abroad, vacation, hiking/camping, mountain climbing; working in or visiting health clinics/hospitals/prisons/shelters/orphanage/refugee camp or other other-please list) _____

Country to be visited	Length of Stay	Urban settings	Rural settings	High Altitude settings	Tropical settings

What is Your General Health Status: Very Good Average Other (describe) _____

List Allergies (medications, foods, insect stings, skin contact) _____

List current or chronic medical conditions _____

List current acute (short term) **medications** (prescription & non-prescription). _____

List Chronic (ongoing) **medications including contraceptives:** _____

Are you under the care of a medical or mental health provider for any ongoing physical or mental health conditions or for prescription medication management? List diagnosis & provider name & contact information: _____

Women: Are you pregnant or planning to attempt to get pregnant in the next three months: _____

How will your ongoing medical conditions & medications be managed during your travel? _____

What plans have you made for obtaining medical care abroad, should the need arise? _____

Do you have any activity restrictions or need accommodations or assistance related to your physical or mental health? Yes No Explain _____

Check the Types & List Dates Given of All Previous Immunizations

Vaccine:	Date Received:	Vaccine:	Date Received:
<input type="checkbox"/> Tetanus, Td, Tdap		<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis A		<input type="checkbox"/> Japanese Encephalitis	
<input type="checkbox"/> Hepatitis B		<input type="checkbox"/> Rabies	
<input type="checkbox"/> Measles, Mumps, Rubella (MMR)		<input type="checkbox"/> Typhoid (oral)	
<input type="checkbox"/> Most recent flu vaccine		<input type="checkbox"/> Typhoid Injectable	
<input type="checkbox"/> Meningococcal Vaccine (type) _____		<input type="checkbox"/> Yellow Fever	
<input type="checkbox"/> Varicella (Chicken Pox)		<input type="checkbox"/> Other (name)	
<input type="checkbox"/> HPV		<input type="checkbox"/> Other (name)	

Have you ever had a bad reaction to a vaccine? _____ If so, please list the vaccine involved and describe the reaction _____

List the date and result of your most recent Tuberculosis Skin Test: _____

I certify that to the best of my knowledge, all the above information is true and correct.

Patient Signature

Date

Travel Consult Instructions Cal Poly Humboldt

1. Locate and make copies of all of your past immunizations.
2. Check records to see if you are up to date on routine immunizations such as flu, tetanus, measles described at <https://wwwnc.cdc.gov/travel/page/routine-vaccines>
3. If you are not up to date on routine immunizations, arrange to get these vaccines at your regular health care provider, pharmacy or the Student health Center. You can make an appointment with a registered nurse for these vaccines at the student health center for a fee.
4. Download and read CDC information for your destination at <https://wwwnc.cdc.gov/travel>
5. Download and read Travel Tips, Food and Water Safety, Bug bites etc at <https://wwwnc.cdc.gov/travel/page/resources-for-travelers>
6. Complete travel history form.
7. Turn in travel history form with your immunization records and printed CDC recommendations at the student health center front desk and an RN will contact you to schedule a consultation.
8. A twenty-five dollar charge will be billed to your student account for your consultation and additional fees will be charged for immunizations and medications prescribed.